PART B -FEE(S) TRANSMITTAL

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| as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a ne- for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the | | |
|--|-----------------------------|---|-------------------|---|--|--|
| NUTTER MCCLENNEN & FISH LLP Seaport West 155 Seaport Boulevard | | | | Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission | | |
| Boston, Massachusetts 02210-2604 | | | | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | |
| | | | | Lisa Adams | | (Depositor's name) |
| | | | | January 8, 2010 | | (Signature) |
| APPLICATION NO. | FILING DATE | EIDCT NA | MED INVENT | <u>.</u> | ··· · | (Date) |
| 10/718,122 | 11/20/2003 | FIRST NAMED INVENT | | JR | ATTORNEY DOCKET NO 102863-0023 | . CONFIRMATION NO. 9095 |
| - | • | | | WORKBIEGE | | 9093 |
| TITLE OF INVENTION: METHOD AND APPARATUS FOR LASER DRILLING WORKPIECES | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICA | TION FEE | TOTAL FEE(S) DUE | DATE DUE |
| Non-Provisional | no | \$1,510.00 | \$30 | 0.00 | \$1,810.00 | 01/08/2010 |
| EXAM | EXAMINER ART UNIT | | CLASS-S | UBCLASS | | |
| M. A. Elve 1725 | | | | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). X Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of Correspondence Address form PTO/SB/122) attached. Correspondence Address form | | | | | | |
| "Fee Address" indication (or "Fee Address" Indication a registered attorned | | | | or agent) and the names of ont attorneys or agents. If no | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | |
| ETHICON, INC. Somerville, New Jersey | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government | | | | | | |
| 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): | | | | | | |
| X Issue Fee A check in the amo | | | | ount of the fee(s) is enclosed. | | |
| X Publication Fee (No small entity discount permitted) X Payment by credit card. | | | | | | |
| Advance Order -# of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 141449 | | | | | | |
| 5. Change in Entity Sta | tus (from status indicate | d above) | | | | |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | | | |
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| Authorized Signature | | | | | DateJ | anuary 8, 2010 |
| Typed or printed name Lisa Adams | | | | | Registration No. | 44,238 |